Name in Full: Ernest Christy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: Mar; Day: 8; 1904

Age: Years: 14; Months: ; Days:

Sex: Male

Color or Race: Black

Birthplace: Pa

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Georg Christy

Father's Birthplace: Pa

Mother's Maiden Name: Susan Cottman

Mother's Birthplace: Md

Name of person giving information: Charles Cottman

How related to deceased: Uncle

CAUSES OF DEATH

Primary: Wound in foot

How long: 6 days

Immediate: Lockjaw

How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. M. Humphreys,

Address: Salisbury, Md.

Accident or Suicide? Accident.

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Benjamin Darby

Town

Died near Quantico

County

Wicomico

MARYLAND

Month Day

Date 1904 March

Y. M. D.

Age 80

Native of

Occupation

Quantico District

Male / ~~Female~~

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband of / Wife of

Nancy Darby

Father's Name

Benj Darby

Mother's Maiden Name

Mary Darby

Cause of Death

Primary: old age

Immediate: old age

154

How long sick

Worn out

~~Accident, Suicide, Homicide~~

Reported by

James M Jones

Undertaker

Address

Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868

Name In Full

Certificate of Death

Joshua L. Dryden

Died Near Town Salisbury County Wicomico MARYLAND

Date 1904 Month Mch Day 7 | Age Y. 62 M. 1 D. 27 | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 5

Husband of Wife Biddy Layfield

Father's Name Isaac Dryden | Mother's Maiden Name Phillis Johnson

Cause of Death: Primary Tuberculosis — How long sick

Immediate Duration

~~Accident, Suicide, Homicide~~

Reported by F. M. Slemons M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Susan E Dutton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Wheatland — County: Wicomico

Date of death 1904: Month: May — Day: 10 — Age: Years: 20 — Months: 6 — Days: 28

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: House work — Where Residing if not at place of death:

Married, ~~Single~~, or ~~Widowed~~: Married — Name of ~~Wife~~ or Husband: Thomas A Dutton

Father's Name: George Brewington — Father's Birthplace: Md

Mother's Maiden Name: Martha Pollitt — Mother's Birthplace: Md

Name of person giving information: Thomas A Dutton — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritoneal Tuberculosis — How long: 3 or 4 mos.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. D. Long

Address: Allen Md

~~Accident or Suicide?~~

LIBRARY BUREAU A68516

Name in Full: Virginia C Fields

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death 1904 — Month: Mch — Day: 9 — Age — Years: 51 — Months: 5 — Days: 24

Sex: Female — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, ~~Single~~ or ~~Widowed~~: Married — Name or Wife or ~~Husband~~: C C Fields

Father's Name: William Riggin — Father's Birthplace: Md

Mother's Maiden Name: Sharine Johnson — Mother's Birthplace: Md

Name of person giving Information: C Fields — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis of Lungs — How long: Several months

Immediate: Inanition Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis W. Morris MD

Address: Salisbury Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88316

Name in Full: John Calvin Griffin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: 1904 Month: Mar Day: 24

Age: Years: 15 Months: Days:

Sex: Male

Color or Race: Black

Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William H Griffin

Father's Birthplace: Va

Mother's Maiden Name: Josephine Lewis

Mother's Birthplace: Va

Name of person giving information: William H Griffin

How related to deceased: Father

CAUSES OF DEATH

Primary: Convulsions

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. M. Clemons M.D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A8U816

Name in Full

Certificate of Death

Ernest Hillman

Town

Died at Salisbury

County

Wicomico

MARYLAND

Date 1904 Month March Day 24	Age Y. 26 M. D.	Native of Wicomico Co.	Occupation Spirit Dealer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living none

~~Husband~~ ~~Wife~~ Mary Hillman

Father's Name Azariah Hillman

Mother's Maiden Name

Cause of Death		How long sick
	Primary Typhoid Pneumonia	11 days
	Immediate Toxaemia	Accident, Suicide, Homicide

Reported by Louis W. Morris M.D.

Address Salisbury Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full

Certificate of Death

Mrs. Mary Humphreys

Died at Town: Mardela Springs County: Wicomico MARYLAND

Date 1904 Month: Mch Day: 24 | Age Y. 67 M. D. | Native of Md. | Occupation Housewife

~~White~~ ~~Male~~ Female | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

Husband of Wife Thomas Humphreys

Father's Name Wm. Bacon Mother's Maiden Name Don't Know

Cause of Death: Primary Chronic Bright's Disease How long sick 1 year

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by J. M. Clemons M.D.

Address Salisbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79835

Name in Full: Johnson Infant not named

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death: Month: Mch. — Day: 18th — Year: 1904 — Age: Years: 0 Dead — Months: 0 Born — Days: 0

Sex: Female — Color or Race: Black — Birthplace: Salisbury Md.

Occupation: ~ — Where Residing if not at place of death: ~

Married, Single or Widowed: ~ — Name of Wife or Husband: ~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Slemmons Johnson — Father's Birthplace: Md.

Mother's Maiden Name: Lulu Horsey — Mother's Birthplace: Md.

Name of person giving Information: Slemmons Johnson — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

~~Primary~~

Immediate: No Doctor attended the birth of the Child — How long: at the — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. E. Hill

Undertaker

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: William H Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): near Salisbury — (County): Wicomico

Date of death 1901: (Month) Mar — (Day) 12 — Age: (Years) 83 (Months) (Days)

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or ~~Widowed~~: married — Name of Wife or Husband:

Father's Name: Joshua Jones — Father's Birthplace: Md

Mother's Maiden Name: Dent Kinnard — Mother's Birthplace:

Name of person giving information: John T Jones — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmaties of Age — How long: Several years

Immediate: Hemiplegia — How long: About 30 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. M. Clemons M. D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Margaret P LeCates

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury — County: Wicomico

Date of death: Month: Mar — Day: 5 — 1904

Age: Years: 43 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, ~~Single~~ or ~~Widowed~~: Married — Name of Wife or ~~Husband~~: Watson LeCates

Father's Name: Thomas Calloway — Father's Birthplace: Md

Mother's Maiden Name: Jane Windsor — Mother's Birthplace

Name of person giving Information: Watson LeCates — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: I suppose Bronchitis — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. C Calloway & Co

Address: Salisbury Md

undertakers

~~Accident or Suicide?~~

over

LIBRARY BUREAU A33516

Mr L E Cates called us that Dr
A W Trimble of Parsonsburg Md
saw her about 2 weeks before
she died and said she had
the Bronchitis

D C Holloway & Co

Name in Full: Maranda Ourns

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: New Market — County: Frederick

Date of death 1904 — Month: March — Day: 9 — Age — Years: 5 — Months: 3 — Days: 14

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: House Wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: William Ourns

Father's Name: Geo Ourns — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: two weeks

Immediate: Intestinal Hemorrhage — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A L Seabrook

Address: Maryland Avenue

Accident or Suicide:

LIBRARY BUREAU A88618

Name In Full

Certificate of Death

Olie W. Parsons,

Died at Town Near Mardela-Springs County (Wicomico,) MARYLAND

Date 1904	Month	Day	Age	Yr.	M.	D.	Native of	Occupation
	3	5		4	3		Md	— —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children~~ living

Husband of
Wife

Father's Name Wesley Parsons Mother's Maiden Name Emmie Owens

Cause of Death — Primary —

Immediate (Croup) 9

How long sick

Accident, Sulcide, Homicide

Reported by A. L. Deabrease,

Address Mardela Springs Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Urias Phillips

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death: 1904 — Month: March — Day: 2 — Age: Years 85 — Months 11 — Days 2

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name or Wife or Husband: Rachel Waller Phillips

Father's Name: Asa Phillips — Father's Birthplace: Md.

Mother's Maiden Name: Eleanor Brewington — Mother's Birthplace: Md.

Name of person giving Information: Geo. Waller Phillips — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary / Immediate: Incomplete Hemorrhage & Brain — How long: 1 week

Primary / Immediate: General Failure — How long: 1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A6881G

Name In Full — Certificate of Death

Joseph W. Ward

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1904. 2nd Mch — Month Day | Age Y. 68 M. D. | Native of | Occupation Carpenter

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living 3

Husband / Wife of Louisa Ward

Father's Name — Mother's Maiden Name ~~Louisa Ward~~

Cause of Death — Primary: La Grippe — How long sick

Immediate: Uraemic Convulsions — Accident, Suicide, Homicide

Reported by Louis Williams M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898